

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 07/07/2011	
NAME OF PROVIDER OR SUPPLIER JEWEL HOUSE				STREET ADDRESS, CITY, STATE, ZIP CODE 607 VIRGINIA AVE MADISON, IN 47250			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
R0000	<p>This visit was for the Investigation of Complaint #IN00091930.</p> <p>Complaint #IN00091930 - Substantiated. A State residential deficiency related to the allegations is cited at R0036.</p> <p>Survey dates: July 6 and 7, 2011</p> <p>Facility number: 004352 Provider number: 004352 AIM number: N/A</p> <p>Survey team: Diana Sidell RN</p> <p>Census bed type: Residential: 34 Total: 34</p> <p>Census payor type: Other: 34 Total: 34</p> <p>Sample: 4</p> <p>This state residential finding is cited in accordance with 410 IAC 16.2-5.</p> <p>Quality review completed 7/12/11 Cathy Emswiller RN</p>			R0000	<p>Submission of this response and Plan of Correction is NOT a legal admission that a deficiency exists or, that this Statement of Deficiencies was correctly cited, and is also NOT to be construed as an admission against interest by the residence, or any employees, agents, or other individuals who drafted or may be discussed in the response or Plan of Correction. In addition, preparation and submission of this Plan of Correction does NOT constitute an admission or agreement of any kind by the facility of the truth of any facts alleged or the correctness of any conclusions set forth in this allegation by the survey agency.</p>		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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R0036	<p>(k) The facility must immediately consult the resident ' s physician and the resident ' s legal representative when the facility has noticed: (1) a significant decline in the resident ' s physical, mental, or psychosocial status; or (2) a need to alter treatment significantly, that is, a need to discontinue an existing form of treatment due to adverse consequences or to commence a new form of treatment.</p> <p>Based on record review and interview, the facility failed to immediately notify the resident's legal representative when a resident was sent to the hospital. This affected 1 of 4 residents reviewed for notification in a sample of 4. (Resident #A)</p> <p>Findings included:</p> <p>Resident #A's record was reviewed on 7/6/11 at 1:30 p.m. The record indicated Resident #A was admitted with diagnoses that included, but were not limited to, rheumatoid and osteoarthritis, chronic obstructive pulmonary disease, and anxiety.</p> <p>A document titled "RESIDENT INFORMATION AND CONTACT SHEET" had Resident A's son and Power</p>		R0036	<p>Citation #1 R 036 410 IAC 16.2-5-1.2 (k) (1-2) Residents' Rights</p> <p>What corrective action(s) will be accomplished for those residents found to have been affected by this deficient practice? No residents were found to be affected. Resident A's legal representative was notified of the hospitalization on 2/4/11 with a late entry documented within the resident's record by the Wellness Director.</p> <p>How the facility will identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken? No other residents were found to be affected.</p> <p>What measures will be put into</p>		07/30/2011	

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	<p>of Attorney listed as her emergency contact.</p> <p>A "DISCHARGE SUMMARY" from a local hospital indicated: "This [description of resident] entered the hospital via the emergency room because of right lower lobe pneumonia with evidence of possible aspiration. The patient had nausea, vomiting, diarrhea and gastroenteritis (stomach inflammation), presumably norovirus...." The "DISCHARGE SUMMARY" also indicated the resident was admitted to the hospital on 2/4/11 and discharged on 2/11/11.</p> <p>Review of "RESIDENT SERVICES NOTES" dated 2/3/11 through 2/17/11 failed to indicate the son had been notified that Resident A was sent to the hospital.</p> <p>During an interview on 7/7/11 at 5:28 p.m., the Director of Wellness Services indicated she could not find documentation the son had been notified when the resident was sent to the hospital.</p> <p>A policy and procedure for notification of physician and family was provided by the Executive Director on 7/6/11 at 11:35 a.m. The policy included, but was not limited to; "1. A change of condition is a</p>		<p>place or what systemic changes will the facility make to ensure that the deficient practice does not recur?</p> <p>The Residence Director, Wellness Director, and licensed staff were re-educated to our policy and procedure regarding notification and documentation requirements per our policy upon a resident change of condition. The Wellness Director will ensure residents experiencing a change of condition will have the physician and legal representative notified and documented within the service notes.</p> <p>How will the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place?</p> <p>The Wellness Director will perform a random weekly review of incident reports and service notes for a period of three months to ensure compliance with our policy regarding resident change of condition and Indiana state residential ruling 410 IAC 16.2-5-1.2 (k) (1-2) Residents' Rights. Monitoring plan will be reviewed in three months to determine ongoing monitoring plan through our QA process. Findings suggestive of compliance will result in no further routine monitoring.</p> <p>By what date will the systemic changes be completed? Compliance Date: July 30, 2011</p>		

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 07/28/2011

FORM APPROVED

OMB NO. 0938-0391

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	<p>change in mental or physical status that results in a need for the provision of more or different services...Examples of changes in condition...Nausea, vomiting, or diarrhea--more than one episode...5. The Residence Director and/or Wellness Director should notify the family and physician in accordance with resident preferences and licensing requirements...."</p> <p>This State residential tag relates to Complaint IN00091930.</p>						